

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 29570
Richmond, Virginia 23242-0570
(804) 367-8595



**Board for Asbestos, Lead, and Home Inspectors
EXPERIENCE VERIFICATION FORM**

Required only for Supervisor, Project Designer, and Risk Assessor applicants.

Instructions:

Section A: To be completed by the applicant.

Section B: To be completed by a person familiar with the work of the applicant **and returned to the applicant named in Section A.** Experience references should be provided by (current or previous) employers or other individuals with competent knowledge of the applicant's experience.

Section A

1. Applicant's Name
First Middle Last Generation
(SR, JR, III)
2. Mailing Address
City, State, Zip Code
3. E-mail Address
4. Telephone & Facsimile Numbers
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Telephone Facsimile Beeper/Cellular
5. Check the **one** type of lead license you are requesting.
Supervisor ☐
Project Designer ☐
Risk Assessor ☐
6. I authorize _____ to furnish the information requested in **Section B.**
Applicant's Signature _____ Date _____

Section B

- Name of Experience Reference _____
- Business Name _____
- Business Street Address _____
- City, State, Zip Code _____
- Telephone & Facsimile Numbers
() - () -
Telephone Facsimile
- Dates of Employment From _____ To _____
- Describe the **specific type of work** (with which you are familiar) performed by the applicant named in **Section A#1.**

- Reference's Signature _____ Date _____